



State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES

6 Hazen Drive, P.O. Box 95, Concord, NH 03302-0095
(603) 271-3406 FAX (603) 271-7894



Mr. Bill Ruoff
Public Works Dept.
Town of Milford
289 South Street
Milford, NH 03055

July 9, 2002
Letter of Deficiency
DAM #159.02
DAM #159.03

RE: Goldman Dam #159.02, McClane Dam #159.03, Milford

Dear Mr. Ruoff:

The Department of Environmental Services, Dam Bureau (DES) consistently strives to enhance the safety of dams in New Hampshire through its dam safety program. One of the many instruments that play a part in reaching this goal is our inspection program. DES is forwarding this correspondence to you to advise you that in accordance with RSA 482:12 and Env-Wr 502.02, an inspection of the subject dam was conducted on May 15, 2001. During this visual inspection and/or file review, the following deficiencies were observed:

Dam #159.02:

1. There was brush growth along the crest and faces of the left abutment;
2. The sluiceway on the left abutment was blocked with debris and inoperable. There was some water discharging from the old sluiceway. Once operable, this sluiceway can be used to draw the impoundment down for a closer inspection of the spillway and right abutment;
3. There was some deterioration of the concrete on the right abutment noted by efflorescence; and
4. There is no operation and maintenance plan (O&M) on file for the dam.

DES believes that the above deficiencies can be corrected by performing the following items by the indicated schedule:

November 1, 2002:

1. Remove brush from the crest, downstream and upstream faces of the left abutment wall;
2. Return the sluiceway on the left abutment to a workable order;
3. Prepare and submit to the DES a written O&M plan. The plan should describe the control of impoundment levels, monitoring and maintenance procedures, and identify emergency contact personnel;
3. Inspect the condition of the concrete spillway during low flows. Notify this office for this inspection;
4. Investigate the condition of the concrete intake structure, penstock and right abutment wall during low flows; and

OR:

- 5 Consider removing the dam. This option would be contingent upon the town's decision to move ahead with the fish ladder installation at the McClane Dam #159.03 downstream.

DAM #159.03:

The following deficiencies were noted at the time of the inspection;

1. There was minor brush growth along the crest and downstream face of the left abutment and along the right abutment;
2. The vegetation along the crest of both abutments was of poor quality;
3. The stoplog bays on the left abutment were blocked with debris;
4. The security fencing around the stoplog bays was vandalized;
5. There was some minor erosion of the earthen embankment upstream of the right abutment; and
6. There is no operation and maintenance plan (O&M) on file for the dam.

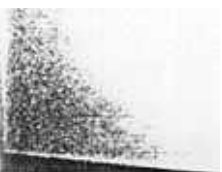
DES believes that the above deficiencies can be corrected by performing the following items by the indicated schedule:

November 1, 2002:

1. Remove minor brush growth along the crest and downstream face of the left abutment and along the right abutment;
2. Remove debris from the upstream face of the stoplog bays;
3. Repair the minor erosion of the earthen embankment, upstream of the right abutment;
4. Add material to bring both earthen embankments even with the top of the concrete abutment walls. Loam and seed the crest of both abutments.
5. Repair the security fencing around the stoplog bays that was vandalized; and
6. Prepare and submit to the DES a written O&M plan. The plan should describe the control of impoundment levels, monitoring and maintenance procedures, and identify emergency contact personnel.

DES is requesting that you complete and submit the attached "Intent to Complete Repairs" form, within 30 days of receipt of this letter, that will provide for correction of the identified deficiencies by the date(s) indicated above. If you believe changes to the items of work or dates are necessary, please make the changes directly on the form and provide a brief explanation. We have enclosed a self addressed stamped envelope for you to return this form.

Our intent in sending you this correspondence is to make you aware of items that DES believes warrant your attention to insure the continued safe operation of your dam. It is our hope that, through the submittal of the attached form and a commitment to keeping a well-maintained dam, you will voluntarily comply with the requested items of work. If we do not receive the intent form or a similarly adequate written reply, we will assume that you are in agreement with our findings and recommendations and DES will carry out follow-up inspections accordingly.



Letter of Deficiency
Dam #159.02 & #159.03
July 9, 2002
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If you have any questions or comments regarding this Letter of Deficiency or would like to be present at future inspections, please contact me at 271-3406, or write to the Water Division at the address listed on the top of the previous page.

Sincerely,

Grace E. Lever
Grace E. Lever, P.E.
Dam Safety Engineer

COPY

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY													
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to youAttach this card to the back of the mailpiece, or on the front if space permits.		<table border="1"><tr><td>A. Received by (Please Print Clearly) <i>Dennis L. Fietze</i></td><td>B. Date of Delivery <i>7/11/02</i></td></tr><tr><td colspan="2">COPY</td></tr><tr><td colspan="2">C. Signature <i>[Signature]</i></td></tr><tr><td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</td></tr><tr><td colspan="2">3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</td></tr><tr><td colspan="2">4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</td></tr></table>		A. Received by (Please Print Clearly) <i>Dennis L. Fietze</i>	B. Date of Delivery <i>7/11/02</i>	COPY		C. Signature <i>[Signature]</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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1. Article Addressed to: <i>Mr Bill Ruoff Public Works Dept Town of Milford 289 So Street Milford NH 03055</i>															
2. Article Number (Copy from service label) <i>7000 1670 0000 0586 0455</i>															

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Attachments Guideline for an O&M plan, DB13

cc: Gretchen Rule

Certified #7000 1670 0000 0586 0455

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